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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2016

FLORIDA FILING & SEARCH SERVICES, INC

SUBJECT: BOCA 2300, LLC Ref. Number: L15000050817

We have received your document for BOCA 2300, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 816A00001

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Keep original
Thanks!

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/19/16

Boca 2300, LLC

NAME:

TYPE OF FILING: AMENDMENT

COST:

75.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODO

COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|---|---|------------------|--|
| SUBJECT: BOCA 230 | 00, LLC | | | |
| | Name of Limit | ed Liability Company | | |
| | Amendment and fee(s) are submondence concerning this matter t | - | | |
| | Karen Rodriguez | | | |
| | | Name of Person | | |
| | Triad Professional Services | | | |
| | | Firm/Company | | |
| | 1720 Windward Concourse | , S. 390 | | 景海 6 |
| | ·············· | Address | | ES EN |
| | Alpharetta, GA 30005 | | | 10000000000000000000000000000000000000 |
| | | City/State and Zip Code | | 新 · 阿 · 阿 |
| | 09.vvv.11@gmail | .COM be used for future annual report notif | | 三三 |
| For further information of | eoncerning this matter, please ca | | ication) | FILED MID 31 |
| Karen Rodriguez | | 770 777-2091 at () | | |
| Name o | of Person | Area Code Daytime | Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |
| | | | | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BOCA 2300, LLC | | |
|---|---|---|
| (Name of the Limited Liahilit (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number L15000050817 | ompany were filed on 03/20/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| EEP BANK, LLC | | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | |
| | | Fig. 6 |
| | | □ · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | | M T |
| (Muiling address MAY BE A POST OFFICE BOX) | | |
| | | 三 四 三 |
| | | <u>Ω</u> ω |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| *** | , Florid | |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBK= A | Authorized Member | | |
|---------------|-------------------|----------------|----------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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